

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.
891270834
APPLICANT

FILING DATE
3-18-99

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		1				
9		1				
10		1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL NO.	6					
TOTAL DEF.	19					
IPRIN.	26					

	1 ST AMENDMENT		2 ND AMENDMENT		3 RD AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
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99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						